

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	PS	66621	9/5
O.I.P.E. CLASSIFIER	DR	32	9/11
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW	ZM	64094 727	10-19 11/19/01

INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral) Canceled A ..... Appeal  
 + ..... Restricted O ..... Objected

Claim	Date
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If more than 150 claims or 10 actions  
 staple additional sheet her

(LEFT INSIDE)

20-571  
 11/20/01